PMH65

EFFECT OF HEALTH INSURANCE COVERAGE AND DEPRESSION ON PRESCRIPTION MEDICATION USE IN PATIENTS WITH CHRONIC MEDICAL DISORDERS

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OBJECTIVES: Our objective was to study the association of health insurance coverage and of depression with prescription medication use in patients with chronic medical disorders (CMD). **METHODS:** For the retrospective analysis, we extracted data on >/=18 year-old employed adults from the pooled 2004–5 Medical Expenditure Panel Survey. Data included ICD-9-CM-coded CMD (hyperlipidemia, heart-disease, arthritis/other joint-disorders, chronic obstructive pulmonary disease, hypertension, or diabetes), depression, age, gender, race, poverty-level, health insurance, urban-residence, any depression treatment (psychotherapy or antidepressant of type selective serotonin reuptake inhibitor, SSRI; Tricyclic, TCA; or nonSSRI/TCA), and one or more prescription medication (yes/no). Weighted sample estimates and 95 percent confidence limits (CL) were calculated using the Taylor expansion method. In univariate logistic regression and in multivariate logistic regression analyses, after controlling for other characteristics, we examined the association of health insurance coverage and depression with prescription medication use in CMD patients. **RESULTS:** In univariate logistic regression, CMD patients with depression were more likely to have one or more prescription medications than those without depression (Odds Ratio, OR 2.99, 95% CL: 2.21–4.04, $p < 0.001$). In multivariate logistic regression analyses, after adjusting for demographic and other characteristics, one or more prescription medication use was less likely in CMD patients who were uninsured (OR 0.97, 95% CL: 0.67–1.41) and in CMD patients with public insurance (OR 0.37, 95% CL: 0.30–0.46) each when compared with CMD patients with private insurance (overall $p < 0.001$). In multivariate logistic regression analyses, after adjusting for other covariates including any depression treatment, depression was no longer significantly associated with one or more prescription medication use ($p = 0.69$). **CONCLUSIONS:** Differences in the use of prescription medications between CMD patients with public insurance and CMD patients with private insurance warrant further study and the attention of payers and providers.

PMH66

ANTIDEPRESSANTS AND ANTIPSYCHOTICS USE IN CHILDREN-HAS THE UTILIZATION CHANGED AFTER SAFETY WARNINGS?

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OBJECTIVES: To evaluate annual utilization pattern of antidepressants and antipsychotics in children, before and after safety warnings in 2004. **METHODS:** The 2003–2005 National Ambulatory Medical Care Survey (NAMCS) and Outpatient Department component of National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to evaluate visits involving antidepressants and antipsychotics medications prescribed for patients 20 years or younger. Prescription data from the national surveys were combined to evaluate annual utilization trends. The annual visit estimates and percentages were calculated using inflation factor patient sampling weight. **RESULTS:** According to NAMCS-NHAMCS, annual visit estimates involving antidepressants were 7.35 million in 2003, 6.72 million in 2004 and 6.51 million in 2005. The proportions of antidepressant-related visits were 3.37% in 2003, 3.12% in 2004 and 2.81% in 2005. The annual visits for SSRI were 4.68 million, 3.55 million, and 3.75 million in 2003, 2004 and 2005 respectively. Percentages of SSRI prescriptions in visits involving antidepressants were 63.67% in 2003, 52.82% in 2004 and 57.60% in 2005. Annual visits involving antipsychotics were 2.4 million in 2003, 2.05 million in 2004 and 2.51 million in 2005. The proportions of antipsychotic-related visits among all children visits were 1.09% in 2003, 0.95% in 2004 and 1.08% in 2005. The findings revealed that annual prescribing pattern of antidepressants and antipsychotics in terms of visit estimates and utilization rates remained stable ($p > 0.05$). Also there was no significant change in annual prescribing of SSRI. Analysis of antidepressant and antipsychotic utilization trends among children with depression also revealed similar a pattern. **CONCLUSIONS:** There is no significant change in annual utilization trends of antidepressants in children due to regulatory warnings. Also, safety warnings do not appear to have influenced utilization pattern of antipsychotics in children. More research is needed to evaluate patient-level changes in the management of antidepressant therapy due to regulatory warnings.

PMH67

ORAL SUPPLEMENTATION AND CONCOMITANT MEDICATION IN THE TREATMENT OF SCHIZOPHRENIA WITH LONG-ACTING ATYPICAL ANTIPSYCHOTICS

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OBJECTIVES: To assess the use of oral antipsychotics and other concomitant oral medications – psychotropics and the anticholinergic benztropine—during the 1-year open-label treatment of schizophrenia with olanzapine long-acting injection (OLAI), and to compare with previously published rates for risperidone long-acting injection (RLAI). **METHODS:** One-year rates of concomitant oral medication use were drawn from 2 comparable open-label, single-arm extension studies of patients with schizophrenia treated with long-acting atypical antipsychotic medications: 1 for OLAI (n = 931), with extension of 3 OLAI clinical trials, and 1 for RLAI (n = 371), with extension of 2 RLAI clinical trials (based on published 1-year data—Lindenmayer et al., Eur Neuropsychopharmacol. 2007;17:138–144). **RESULTS:** Supplementation with oral olanzapine occurred in 21% of OLAI-treated patients (median duration 10 days). Oral risperidone was supplemented – beyond the first 3 weeks of treatment in 45%-83% of RLAI-treated patients (median duration not reported). Use of the anticholinergic benztropine was low among OLAI-treated patients (3%, median duration 14 days) and higher among RLAI-treated patients (31%-44%, median duration not reported). Lorazepam was used by 11% of OLAI-treated patients compared to 24%-55% of RLAI-treated patients. Zolpidem was used by 4% of OLAI-treated patients and 11%-12% of RLAI-treated patients. **CONCLUSIONS:** Atypical antipsychotic therapies in long-acting injection formulations were found in this preliminary analysis to differ on concomitant use of oral atypical antipsychotic and other oral medications. OLAI therapy may require less oral supplementation compared to RLAI, thus offering a simpler treatment regimen. Though limited by cross-study comparisons and the need for replication, the current findings may have important clinical and economic ramifications as depot formulations are often chosen for persons previously nonadherent to oral medication regimens.

PMH68

IMPACT OF FAMILY STRUCTURE ON STIMULANT USE AMONG CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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OBJECTIVES: To examine the impact of family structure on pharmacologic stimulant use among children with Attention Deficit Hyperactivity Disorder (ADHD) **METHODS:** We examined pharmacologic stimulant use among children with ADHD using a nationally representative, population-based sample of the National Health Interview Survey from 1997 to 2003 linked with drug event files from the Medical Expenditure Panel Survey from 1998 to 2005. We conducted stepwise multivariate logistic regression to examine the likelihood of stimulant use among children ages 2–17 years of age with a clinical diagnosis of ADHD after adjustment for sociodemographic (age, sex, race, income, health insurance, geographic region and metropolitan area), health (self-reported physical and mental health status, mental disorders, health care use), and family (single vs. dual parent household structure, parental education, family size, and household income as a fraction of federal poverty line) characteristics. We also conducted stratified analyses to examine if family characteristics (e.g., maternal education) had different impacts within single and dual parent households. **RESULTS:** Overall, an average of 37% (95% confidence interval 33%-41%) of children with ADHD received at least one stimulant during the study period, and stimulant used varied based on children's sociodemographic and health characteristics. In multivariate analyses, associations between children's household structure, parental education, and stimulant use appeared to be mediated by access to care and children's health status. However, in full multivariate models, there remained a robust association between family size and stimulant use, with children from larger families significantly more likely to be using stimulants than their counterparts. **CONCLUSIONS:** These findings highlight the influence that non-clinical factors, such as family size, may have in mediating the use of pharmacologic therapies for children.

DU4

THE IMPACT OF DEMOGRAPHICS AND INSURANCE ON QUALITY OF CARE IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER IN A CALIFORNIA MEDICAID PROGRAM

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OBJECTIVES: To describe quality of care and to investigate the factors associated with treatment modality in patients with major depressive disorder (MDD). **METHODS:** California Medicaid administrative data from January 1 to June 30, 2004 were used to identify patients≥18 years of age with a new episode of MDD. Quality of care assessment was based on current clinical practice guidelines, using data from the diagnosis date to the last day of 2004. The assessment included the proportion of patients using antidepressants or psychotherapy and those non-adherent to medication (medication possession ratio <0.8). Logistic regressions were used to identify factors associated with use of antidepressants or psychotherapy. **RESULTS:** Of 5376 individuals who were identified as MDD, 2467(46%) received neither antidepressant medication nor psychotherapy, 146(3%) had at least one psychotherapy session, 2535(47%) had any antidepressant prescription fill, and 228(4%) used both antidepressants and psychotherapy. Patients of White race or those with Medicare/Medicaid dual eligibility (41%) were more likely to use selective serotonin reuptake inhibitors (SSRI) than comparison race groups (32% for Black, 35% for other than White or Black, $p < 0.0001$) or non-dually eligibles (36%, $p < 0.001$). For patients using antidepressants, 89% were non-adherent to their medication. Major factors associated with antidepressant use included White race (OR:1.41, CI:1.26–1.59 vs. other than White and Black race), dual eligibility (OR:1.75, CI:1.55–1.98), a depression-related office visit (OR:1.43, CI:1.27–1.60), a long-term care stay (OR:1.86, CI:1.34–1.25), and female gender (OR:1.14, CI:1.01,1.29). Factors associated with use of psychotherapy included dual eligibility (OR:68.79, CI:39.24–120.60), a depression-related office visit (OR:13.65, CI:8.59–21.69), and a long-term care stay (OR:2.24, CI:1.58–3.18). **CONCLUSIONS:** These findings provide evidence of less than optimal care received by MDD patients from a California Medicaid program. Interventions tailored to individual characteristics (race and gender), as well as those addressing mutable factors (such as dual eligibility) may improve care in these patients.